

VIRGINIA STATE CORPORATION COMMISSION
BUREAU OF INSURANCE
PO BOX 1157 RICHMOND VIRGINIA 23218 804-371-9631
Overnight Mailing Address: 1300 E. Main Street, Richmond, VA 23219

SLB-1
JULY 2005

APPLICATION FOR SURPLUS LINES BROKER LICENSE → FEE = \$50 (FIFTY DOLLARS)

THIS APPLICATION FORM IS USED WHEN APPLYING FOR THE **ORIGINAL** LICENSE AND THE **RENEWAL** OF THE LICENSE.

INDIVIDUAL VIRGINIA RESIDENT APPLICANTS MUST ATTACH TO THIS APPLICATION A CRIMINAL HISTORY RECORD REPORT WHICH MAY BE OBTAINED BY CONTACTING THE VIRGINIA STATE POLICE AND REQUESTING THE INFORMATION. IF YOU FAIL TO PROVIDE A CURRENT (NO MORE THAN 90 DAYS OLD) CRIMINAL HISTORY RECORD REPORT, THE BUREAU WILL REFUSE TO ISSUE A LICENSE TO YOU. (§§ 38.2-1820 AND 38.2-1831 OF THE CODE OF VIRGINIA.)

Complete Individual or Agency; NOT BOTH. **No personal checks will be accepted unless certified, and no cash will be accepted. The fee is nonrefundable.**

INDIVIDUAL

SS# or VA DMV-Assigned # *	Birth Date*	First Name*	Middle Name (Initial or None)*	Last Name*
Residence/Home Address (Physical Street)*			City, State, Zip*	
Mailing Address		P.O. Box	City, State, Zip	
Home Phone No.*	Business Phone No.*	Business Fax No.	Business E-Mail Address	
Business Name*			Assumed or Fictitious Name (<i>If transacting under a name other than your own</i>)	
Business Address (Physical Street)*		P.O. Box*	City, State, Zip*	

AGENCY (a corporation, a partnership, or a limited liability company)

FEIN*	Agency Name*			
Business Address (Physical Street)*		P.O. Box	City, State, Zip*	
Mailing Address		P.O. Box	City, State, Zip	
Business Phone Number*	Business Fax Number		Business E-Mail Address	Business Web Site Address

AUTHORIZED INDIVIDUALS - Attach additional sheet if necessary.
Authorized individuals must be licensed as a Property and Casualty agent.

NAME	SSN	TITLE	RESIDENCE ADDRESS

PLEASE COMPLETE BOTH PAGES OF THIS FORM. FIELDS MARKED WITH AN ASTERISK (*) ARE REQUIRED.
IF NOT APPLICABLE, MARK "N/A."

PART 2

1. Have you ever been the subject of an administrative proceeding or disciplinary action of any kind regarding any insurance or other professional or occupational license, including: revocation or suspension of a license; refusal to issue or renew a license; fine or penalty; settlement or consent order; or agreement to voluntarily surrender a license as the result of a complaint or investigation?
☐ **Yes** ☐ **No** *If so, and you have not previously filed this information with this Bureau, attach a copy of the official document which demonstrates the charges and final judgment and a detailed explanation.*

2. Have you ever been convicted of (or pled guilty or nolo contendere to) a violation of law, other than minor traffic violations?
☐ **Yes** ☐ **No** **VIRGINIA RESIDENTS:** Whether you check Yes or No, you MUST attach a current (no more than 90 days old) copy of the Criminal History Record from the Virginia State Police.

If you have a felony conviction, have you applied for a waiver as required by 18 USC 1033? ☐ **N/A** ☐ **Yes** ☐ **No**
If so, was that waiver granted? (Attach copy of 1033 waiver approved by home state.) ☐ **N/A** ☐ **Yes** ☐ **No**

ALL APPLICANTS: If you answered "yes," you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a certified copy of the charging document,
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment, and
- d) if applicable, a letter from the federal or state probation and parole office outlining your performance or satisfactory completion of your probationary period.

3. ***If currently or previously licensed and/or appointed as a Surplus Lines Broker,*** are you indebted to any insurance company, agency, or other person for premiums collected, or is there any other dispute regarding your insurance account?

☐ **Yes** ☐ **No** ☐ **Not Applicable**

If so, and you have not previously filed this information with this Bureau, attach a sheet and give full particulars.

PART 3 - RESIDENTS ONLY

- 1. Resident applicants must be actively licensed as a Property and Casualty insurance agent before applying for a Surplus Lines Brokers license.
- 2. Resident applicants must file with the Commission a surety bond (SLB-2) in the amount of \$25,000, and thereafter shall keep the bond in force for as long as the license remains in effect.
- 3. A Virginia domiciled corporation, limited liability company, or limited partnership **must** attach a copy of its Certificate of Incorporation, Certificate of Organization, or Certificate of Limited Partnership issued by the Clerk's office.

PART 4- NON-RESIDENTS ONLY

- 1. If your home state does not report Surplus Lines authority to the NAIC's Producer Data Base, attach a current (no more than 90 days old) certification from the insurance department in the state in which you reside or where the agency is incorporated/domiciled or where the principal office is located.
- 2. A copy of the "certificate of authority" issued by the Clerk of the Commission is required for an entity. The "certificate of authority" is available by contacting the Clerk's Office at 804-371-9733. Failure to provide a copy of the "certificate of authority" will result in the application being denied.

PART 5- RENEWAL NOTICE

The nonrefundable annual renewal fee is due prior to June 1. No matter when during the year that your license is issued, it expires on June 30. A criminal history record is **not** required in order to renew the license. However, by signing this application form you hereby certify that you have not been convicted of (or pled guilty or nolo contendere to) any violation of law, other than minor traffic violations, since the original date of issue of the license for which you are applying for renewal.

PART 6- IMPORTANT NOTICE

The submission of this application signifies the applicant's understanding and agreement to abide by the requirements outlined in Article 5.1 (§ 38.2-1857.1 et seq.) of Chapter 18 of Title 38.2 of the Code of Virginia and the Commission's Rules Governing Surplus Lines Insurance (14 VAC 5-350-20 et seq.) regarding insurance transacted under the authority granted by the applicant's licensure as a surplus lines broker.

By applying for this license, you are agreeing that personal information relevant to your status as a licensed surplus lines broker in Virginia, including but not limited to your name, residence/business address, social security number/FEIN, date of birth, license and appointment status, and investigation or disciplinary action summary data may be reported to the National Association of Insurance Commissioners and to other state insurance regulatory authorities or other interested parties.

PART 7 - APPLICANT'S CERTIFICATION AND ATTESTATION

I hereby certify, under penalty of perjury, that all of the information submitted in this application and attachments thereto is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for denial of this application or future license revocation if the license applied for is issued, and that I may also be subject to civil or criminal penalties.

Signature of Applicant

Date

PLEASE ANSWER EVERY QUESTION BY CHECKING THE APPROPRIATE BLOCK.